

CITY OF CHANDLER - RECREATION DIVISION - SPORTS LEAGUE REGISTRATION/ROSTER FORM

TEAM NAME: _____ CLASS 1 OR 2

Manager : _____

Address: _____ City: _____ Zip: _____

(H) Phone: (____) _____ (W) Phone: (____) _____

Former Team's Name: _____

Former Team's League: _____ Former Team Placing: ____ Win: ____ Loss: ____

LEAGUE PREFERENCE (CIRCLE ONE):

CO-REC. VOLLEYBALL

B-LEAGUE SUNDAY (INDOOR)

(six player teams)

CO-REC. SAND VOLLEYBALL

C-LEAGUE TUESDAY NIGHT (SAND)

(four player teams)

MEN'S FLAG FOOTBALL

AMERICAN CONFERENCE

NATIONAL CONFERENCE

MEN'S BASKETBALL

B-1 LEAGUE SUNDAY 1-5pm

B-2 LEAGUE SUNDAY 5-9pm

C- LEAGUE SUNDAY 1-5pm

D- LEAGUE SUNDAY 5-9pm

"I have read and agree to all the rules of the City of Chandler League and verify to the best of my knowledge that all information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."

Manager's Signature _____ Date: _____

TEAM ROSTER:

NAME	ADDRESS (IF CLASS 1, HOME OR WORK ADDRESS WHICHEVER IS IN CHANDLER)	CITY	ZIP CODE	PHONE (AREA CODE)	WORK PHONE
1. MANAGER:					
2. ASST. MANAGER:					
3.					
4.					
5.					
6.					
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